UTILITY PATE TRANSMITTAL U	ATTORNEY DOCKET 85019LMB Customer No. 01333						
To: Commissioner for Patents				Express Mail Label No.			
P.O. Box 1450	•						
Alexandria, VA. 22313-1450				EV293538974US			
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IMAGING MATERIAL WITH IMPROVED				Date:(	lugu	st 4, 2003	
MECHANICAL PROPE	RTIES	<b>;</b>			0		
First Named Inventor (or Application Identifier):							10/6
YuanQiao Rao, et al							o =
Enclosed are:							
1. X Specification				6. <b>X</b>	Assi	gnment of the invention	to
						man Kodak Company	
2. Sheet(s) of drawi	ng(s)			7.	Cert	ified copy of a priority	
3. X Information Disc	losure St	atement Und	der 37 CFR	8.	Asso	ociate Power of Attorney	/
1.97.				L			
4. Combined Declaration	for Pater	t Applicatio	n and Power of	Attorney:			
4a. X New							
4b. Copy from	a prior a	pplication (3	37 CFR 1.63(d)	(for continu	ation/div	visional with Box 11 cor	npleted)
5. Incorporation by Reference (useable if Box 4b is 9. Deletion of Inventor(s).							
checked) The entire disclosure of the prior application, from  Signed statement attached deleting inventor(s) named							
which a copy of the oath or de	claratior	is supplied	under Box 4b.	in the pr	ior appli	cation, see 37 CFR 1.63	(d)(2) and
is considered as being part of t	he discl	osure of the	accompanying	1.33(b).			
application and is hereby income 10. If a 111A application				:		1.1	
after the title, by in	serting t	he following	on or the above	-identified a	ррисано	n, amend the specificati	on at Page 1,
CROSS REFERE	NCE TO	RELATED	APPLICATIO				
Reference	is made	to and priori	ty claimed from	n U.S. Provis	sional Ap	oplication Serial No.,	
filed, entitled.  If a CONTINUING APPLIC	ATION	check annr	onriate hov and	l gunnler tha e		:fo	
11. Continuation	Divisio	onal appr	Continuation-	n-nart (CIP)		rior application No:	
12. X Please address all w	•				•	<del>-</del> -	
12. X Please address all w Eastman Kodak Co						Staff,	
Please Direct all tele	ephone of	alls to Lynn	e M. Blank at 5	N 1 14630-2 85-477-7418	:201. R		
The filing fee has been calcula							
FOR:		. FILED	NO. EXTRA	RAT	E	FEE	
BASIC FEE						\$ 750	
TOTAL CLAIMS	29	- 20 =	9	x 18		\$ 162	
INDEPENDENT CLAIMS  MULTIPLE DEPENDEN	2 IT CL A1	- 3 =	-1	x 84		\$ 0	
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·					TAL	\$ 912	
X Please charge my Eastma	n Kodak	Company D	Deposit Accoun	t No. <u>05-022</u>	<u>5</u> in the a	amount of \$ 912	
	$\mathbf{A}$	duplicate co	py of this shee	t is enclosed	1		
The Commissioner is here	by auth	orized to cha	arge any addition	nal filing fee	es require	ed under	
37 CFR 1.16 or credit any			stman Kodak C <b>py of this shee</b>			ount No. <u>05-0225</u> .	
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			Th	nue	WI.	Blank	
Lynne M. Blank/ct			Atto	ney for A	plican	ts	
Telephone: 585-477-7418	3			stration No			

Telephone: 585-477-7418 Facsimile: 585-477-1148